

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517256

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT					
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.			
	1	1			1			1		1		51					
2	1				1			1		1		52					
3		2				1			1		2	53					
4		1				1			1		1	54					
5		1				1			1		1	55					
6		1				1			1		1	56					
7		1				1			1		1	57					
8		1				1			1		1	58					
9		1				1			1		1	59					
10		1				1			1		1	60					
11		1				1			1		1	61					
12	1				1			1		1		62					
13	1				1			1		1		63					
14	1				1			1		1		64					
15		3				1			1		3	65					
16		3				1			1		3	66					
17		3				1			1		3	67					
18												68					
19												69					
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45												95					
46												96					
47												97					
48												98					
49												99					
50												100					
TOTAL IND.	5				5			5				TOTAL IND.	0				
TOTAL DEP.	19	←			12	←		19	←			TOTAL DEP.	0	←			
TOTAL CLAIMS	24				17			24				TOTAL CLAIMS	0				